

# Florida Department of Health Public Health and Health Care Preparedness (PHHP)

Multi-Year Training and Exercise Plan (MYTEP) 2018-2020

March 2017



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#### **Preface**

The Florida Division of Emergency Management (FDEM) is responsible for developing and maintaining the state of Florida Multi-Year Training and Exercise Plan (MYTEP). The state of Florida's MYTEP document represents all domestic security interdisciplinary training and exercise goals for the state and is updated annually.

FDEM uses a standard collection process that allows for inputs from both county and state stakeholders, including the Department of Health. The state of Florida MYTEP provides a roadmap for Florida to accomplish priorities described in Florida's Domestic Security Strategic Plan. Each state priority is linked to a corresponding national priority, and, if applicable, an Improvement Plan. The priority is further linked to associated federal capabilities, as well as training and exercises to help jurisdictions achieve those capabilities.

The Department's Public Health and Health Care Preparedness (PHHP) MYTEP is one of several inputs into the state of Florida MYTEP. The document is updated annually, follows a similar collection process used by FDEM, and aligns to the Centers for Disease Control and Prevention (CDC) *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, and the Office of the Assistant Secretary for Preparedness and Response (ASPR), *Health Care System Preparedness Capabilities*. The PHHP MYTEP is published and submitted to FDEM for inclusion in the state of Florida MYTEP. The PHHP MYTEP also provides a framework for training and exercise priorities to meet goals, objectives, and strategies in the Department's strategic plan.

The goal of Florida's PHHP is to help prevent and/or minimize illness, injury, and loss of life to Floridians and visitors due to disasters or emergencies. The Department achieves this goal through developing and sustaining critical capabilities which enhance the ability of Florida's public health and health care system to prevent, respond to and recover from disasters of all types. Having a viable public health and health care system is part of an integrated domestic security and emergency management system in Florida.

For additional information on the PHHP MYTEP, please contact Mary Register, MYTEP Coordinator, Mary.Register@FLHealth.gov or (850) 245-4444 extension 2725.



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## **Purpose**

The purpose of the 2018-2020 PHHP MYTEP is to provide training and exercise priorities and a roadmap to meet strategies to support the following national and state standards:

- CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning, (March 2011)
- ASPR Health Care Preparedness Capabilities, 2017-2022 Health Care Preparedness and Response Capabilities (November 2016)
- After Action Report (AAR) data from Florida statewide exercises and real emergency incidents and events
- The Department's Appendix to the State's Comprehensive Emergency Management Plan (CEMP)
- FDOH Strategic Priorities for Preparedness Activities, July 2017 June 2022

The Department's Bureau of Preparedness and Response is capabilities-based in relation to the preparedness cycle. Developing and sustaining public health and health care capabilities enhances BPR's ability to prevent, respond to, and recover from disasters of all types. In this way, the Department ensures coordination across the spectrum of capabilities, which allows for a resilient, flexible, and adaptable public health and health care preparedness system.



DHED (CDC)	HDD (ASDD)	
<u>PHEP (CDC)</u> <u>Capabilities</u>	<u>HPP (ASPR)</u> <u>Capabilities</u>	Assigned BPR Section
Community Preparedness	Foundations for Health Care and Medical Readiness	Community Preparedness
2. Community Recovery	Health Care and Medical Response and Recovery Coordination	ESF-8 Planning & Operations Resource & Systems Management
Emergency Operations     Coordination	Health Care and Medical Response and Recovery Coordination	ESF-8 Planning & Operations
Emergency Public     Information and Warning		Office of Communications
5. Fatality Management	Medical Surge	Resource & Systems Management
6. Information Sharing	Health Care and Medical Response and Recovery Coordination	Resource & Systems Management ESF-8 Planning & Operations
7. Mass Care		Community Preparedness
Medical Countermeasure     Dispensing		Resource & Systems Management
<ol> <li>Medical Materiel         Management and         Distribution     </li> </ol>		Resource & Systems Management
10. Medical Surge	Medical Surge	Resource & Systems Management ESF-8 Planning & Operations
11. Non-Pharmaceutical Interventions		Disease Control and Health Protection
12. Public Health Laboratory Testing		Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation		Disease Control and Health Protection
14. Responder Safety and Health	Continuity of Health Care Service Delivery	Resource & Systems Management
15. Volunteer Management	Medical Surge	Community Preparedness



The PHHP MYTEP covers training and exercise priorities that are common across the entire state. In addition, the public health and health care community is encouraged to participate in their county emergency management MYTEP process, leverage their local Threat and Hazard Identification and Risk Assessment (THIRA) and Florida Public Health Risk Assessment Tool (FPHRAT) when addressing gaps. This ensures their community priorities are addressed. To foster coordination, facilitate collaboration and increase efficiencies, all agencies hosting public health and health care-related trainings and exercise activities are requested to post information on the FDOH, Bureau of Preparedness and Response' Training and Exercise Calendar, which is attached and online at http://calendar.doh.state.fl.us/main.php?calendar=PrepResponse.

Each year, county health departments (CHDs), BPR sections, and health care coalitions strive to achieve MYTEP targets. MYTEP priorities listed in the 2018 – 2020 tables and calendars are guidelines to reach the targets identified in the FDOH Strategic Priorities for Preparedness Activities, July 2017 – June 2022.

The FDEM's annual Statewide Hurricane Exercise provides a unique opportunity for all Department of Health programs with response or support responsibilities to test capabilities with state, regional health care coalition and local partners.

The Department uses the Homeland Security Exercise and Evaluation Program (HSEEP) as the standard for exercise management. Adherence to the guidance presented in the HSEEP methodology ensures exercise programs conform to established best practices and helps provide unity and consistency in exercises for all levels of government and non-governmental partners.



#### **Hazard Focus Areas**

The Preparedness Strategic Planning Oversight Team (SPOT) identified five (5) hazard types as the priority focus areas for alignment of preparedness activities. During the next five-year funding period, work effort should be aligned with and in support of building capability to respond to these hazard types. Additionally, preparedness efforts will be measured per these hazard types to determine if the residual risk to these hazards decrease as capability and resources increase. (In alphabetical order):

Hazard Name	Definition
Biological Disease Outbreak*	The occurrence of a larger number of cases of an illness or syndrome than expected in a certain location during a certain (usually short) timeframe. This definition also includes those biological agents found in the environment, diagnosed in animals. Biological disease outbreaks include zoonotic disease(s) and/or an increase in the population of disease-carrying species that have the potential for transmission to humans, including vectors of vector-borne illnesses.  * This hazard serves as an overarching category for other hazards with similar public health and medical response activities to include Biological Terrorism – Communicable, Biological Terrorism - Non-Communicable and Pandemic Influenza. Biological Disease Outbreak will be the hazard measured as a proxy for all these hazard types.
Conventional Terrorism	The unlawful use of force and violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political and/or social objectives. May also include attempted or suspected terrorist intentions that have been successfully thwarted through investigative activity. For the purposes of this analysis conventional terrorism includes all terrorism except agricultural, biological, chemical, or radiological terrorism which are covered in other hazards in this analysis.
Hurricane / Tropical Storm*	A tropical cyclone (hurricane) is defined as a low pressure area of closed circulation winds that originates over tropical waters. When sustained wind speeds exceed 39 mph they are called tropical storms, when wind speeds exceed 74 mph they are called hurricanes.
	*This hazard serves as an overarching category for other hazards with similar public health and medical response activities to include Storm Surge. Hurricane/Tropical Storm will be the hazard measured as a proxy for both hazard types.



Mass Casualty Incidents	An incident that generates a sufficiently large number of casualties whereby the available healthcare resources, or their management systems, are severely challenged or unable to meet the healthcare needs of the affected population.
Mass Population Surge	The population of an area is increased due to a migration/relocation of another community.



# PUBLIC HEALTH AND HEALTHCARE PREPAREDNESS PROGRAM TRAINING AND EXERCISE PRIORITIES

Both the Public Health Emergency Preparedness Cooperative Agreement and the Healthcare System Preparedness Cooperative Agreement that provide preparedness funding to Florida have a corresponding set of capabilities in which the funding is designed to build to achieve a national standard for preparedness. Each capability includes a set of objectives/ functions that outline critical elements that must occur to achieve the capability. The highest priorities identified by the Strategic Planning Oversight Team (SPOT), and identified in this document. This outlines which capabilities Florida will focus work effort, and the level of work needed on each objective/function to achieve full capability by the end of the five-year period. To see all priorities, refer to the Florida Department of Health Strategic Priorities for Preparedness Activities, July 2017 – June 2022

Additionally, this document outlines strategies that should be taken during the next five-year period to implement the capabilities in Florida. A Training and Exercise Planning Workshop (TEPW) was conducted by BPR Training, Education, and Exercise staff on January 18, 2017. Local level public health and health care system input was collected and consolidated by county health department and health care coalition representatives and presented at the TEPW. In addition, central office functional unit leaders were asked to present a state-level perspective for gaps in capabilities that can be addressed by trainings and exercises. Each participant provided inputs on the Training Plan, Exercise Plan and the 2018-2020 Training and Exercise Schedule.

Prior to the TEPW, BPR TE&E staff provided an online seminar to assist participants with the required preliminary work. There were four (4) MGT-418 *Readiness: Training Identification Preparedness Planning* (RTIPP) courses offered during 2016, at various locations throughout the state to assist stakeholders in identifying training and exercise gaps. RTIPP is a Federal Emergency Management Agency (FEMA) course offered in partnership with the FDEM, and the National Center for Biomedical Research and Training (NCBRT) at Louisiana State University (LSU). RTIPP introduces the concept of preparedness planning through the identification of gaps and goals.

The RTIPP framework builds a bridge between planning and training to identify gaps and goals, and identifies priorities, audience, frequency of training, and sources for the training. The result is an extensive list of trainings and courses for local public health and health care partners, both planned and requested by their members. In addition to health care coalition representatives and functional unit leaders, seven (7) county health department (CHD) representatives, one from each of Florida's Regional Domestic Security Task Force regions, attended the TEPW. The information collected during the TEPW, along with a list of participants may be found in Appendix B: *Training and Exercise Planning Workshop (TEPW) Summary*.

The BPR supports the state's health and medical response with grants from the U.S. Department of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (CDC), and the Assistant Secretary for Preparedness and Response (ASPR). These grants outline various training and exercise requirements that influence the PHHP MYTEP. As a grant requirement, each identified health care coalition must participate in at least one qualifying full scale exercise in the five-year funding period and one functional or tabletop coalition surge test exercise. Hospital Preparedness Program (HPP) and Public Health



Emergency Preparedness (PHEP) awardees and each health care coalition (HCC), as part of a coordinated statewide effort, must conduct a joint statewide exercise (functional or full-scale exercise) once during the project period to test progress toward achieving the capabilities outlined in the 2017-2022 Health Care Preparedness and Response Capabilities and the Public Health Preparedness Capabilities: National Standards for State and Local Planning, and in collaboration with cross-border metropolitan statistical area (MSA)/Cities Readiness Initiative (CRI) regions.

#### **Healthcare Preparedness & Response High Priority Capabilities**

Capability 2: Health Care and Medical Response Coordination	High Priority
Objective 2.1: Develop and coordinate health care organization and health care coalition response plans	Build or Enhance Capability
Objective 2.2: Utilize information sharing procedures and platforms	Build or Enhance Capability
Objective 2.3: Coordinate response strategy, resources, and communications	Build or Enhance Capability
Capability 4: Medical Surge	High Priority
Objective 4.1: Plan for medical surge	Build or Enhance Capability
Objective 4.2: Respond to Medical Surge	Build or Enhance Capability

#### **Public Health Preparedness High Priority Capabilities**

Capability 7: Mass Care Coordination	High Priority
Function 1: Determine public health role in mass care operations.	Build or Enhance Capability
Function 2: Determine mass care needs of the impacted population.	Build or Enhance Capability
Function 3: Coordinate public health, medical and mental/behavioral health services.	Build or Enhance Capability
Function 4: Monitor mass care population health.  Monitor ongoing health-related mass care support, and ensure health needs continue to be met as the incident response evolves.	Build or Enhance Capability
Capability 8: Medical Countermeasure Dispensing	High Priority
Function 1: Identify and initiate medical countermeasure dispensing strategies.	Sustain Existing Capability
Function 2: Receive medical countermeasures.	Sustain Existing Capability
Function 3: Activate dispensing modalities.	Build or Enhance Capability



Function 4: Dispense medical countermeasures to identified population.	Build or Enhance Capability
Function 5: Report adverse events.	Build or Enhance Capability
Capability 9: Medical Material Management and Distribution	High Priority
Function 1: Direct and activate medical materiel management and distribution.	Build or Enhance Capability
Function 2: Acquire medical materiel.	Sustain Existing Capability
Function 3: Maintain updated inventory management and reporting system.	Build or Enhance Capability
Function 4: Establish and maintain security.	Build or Enhance Capability
Function 5: Distribute medical materiel. Distribute medical materiel to modalities (e.g., dispensing sites, treatment locations, intermediary distribution sites, and/or closed sites).	Build or Enhance Capability
Function 6: Recover medical materiel and demobilize distribution operations.	Sustain Existing Capability
Capability 10: Medical Surge	High Priority
Function 1: Assess the nature and scope of the incident.	Build or Enhance Capability
Function 2: Support activation of medical surge.	Build or Enhance Capability
Function 3: Support jurisdictional medical surge operations.	Build or Enhance Capability
Function 4: Support demobilization of medical surge operations.	Build or Enhance Capability

Capability 11: Non-Pharmaceutical Interventions	High Priority
Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions.	Sustain Existing Capability
Function 2: Determine non-pharmaceutical interventions.	Sustain Existing Capability
Function 3: Implement non-pharmaceutical interventions.	Build or Enhance Capability
Function 4: Monitor non-pharmaceutical interventions.	Build or Enhance Capability



Capability 12: Public Health Laboratory Testing	High Priority
Function 1: Manage laboratory activities.	Sustain Existing Capability
Function 2: Perform sample management.	Build or Enhance Capability
Function 3: Conduct testing and analysis for routine and surge capacity.	Build or Enhance Capability
Function 4: Support public health investigations.	Sustain Existing Capability
Function 5: Report results.	Build or Enhance Capability
Capability 13: Public Health Surveillance & Epidemiological Investigation	High Priority
Function 1: Conduct public health surveillance and detection.	Sustain Existing Capability
Function 2: Conduct public health and epidemiological investigations.	Sustain Existing Capability
Function 3: Recommend, monitor, and analyze mitigation actions.	Build or Enhance Capability
Function 4: Improve public health surveillance and epidemiological investigation systems.	Build or Enhance Capability
Capability 14: Responder Safety and Health	High Priority
Function 1: Identify responder safety and health risks.	Build or Enhance Capability
Function 2: Identify safety and personal protective needs.	Build or Enhance Capability
Function 3: Coordinate with partners to facilitate risk- specific safety and health training.	Build or Enhance Capability
Function 4: Monitor responder safety and health actions.	Build or Enhance Capability



#### **Training Development Priorities**

At the TEPW in January, participants were given an opportunity to review courses offered in the FDEM SERT-TRAC, by the National Domestic Preparedness Consortium (NDPC), in TRAIN FL, online, and at stations equipped with computers and staffed by representatives familiar with course offerings.

During small group discussions, participants were encouraged to collaborate within their and neighboring regions to address training gaps and needs. Following small group discussions, participants selected the top three (3) training priorities for the Bureau of Preparedness and Response - Training, Education and Exercise Section to source or develop during this MYTEP period. Training priorities are highlighted below:

Capability	Priority
Training Priority #1 Responder Safety and Health	Disaster Behavioral Health First Aid Specialist Training (BFAST), Disaster Behavioral Health First Aid Specialist Training with Children (CFAST), Disaster Behavioral Health First Aid Specialist Training for Responders (RFAST)
Training Priority #2 Public Health Surveillance and Epidemiological Investigation	Intermediate Field Investigator Response and Surveillance Training (IFIRST) and Field Investigator Response and Surveillance Training (FIRST) Training
Training Priority #3 Medical Surge	Hospital DECON – 8 Hour Training
Training Priority #3 Medical Countermeasure Dispensing	Point of Dispensing (POD) Training

2018 – 2020 Training and Exercise Calendars are published at:

http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/training-exercise/teplanning.html



### **Table Top Exercise Development Priorities**

For the exercise portion of the workshop, participants were asked to rank their top three priority needs to exercise. The top three tabletop exercise capabilities and priorities are highlighted below for the Bureau of Preparedness and Response - Training, Education, and Exercise unit to source or develop during this MYTEP period:

Capability	Priority
Exercise Priority #1 Medical Surge	Hospital Evacuation with Patient Tracking
Exercise Priority #2 Medical Surge	POD - Activation/Management/Demobilization
Exercise Priority #3 Emergency Operations Coordination	Continuity of Operations
Exercise Priority #3 Fatality Management/Medical Surge	Mass Casualty Incident (MCI)

2018 – 2020 Training and Exercise Calendars are published at:

http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/training-exercise/teplanning.html



### **Methodology and Tracking**

Strategies for supporting 2018-2020 training and exercise needs:

- 1) Engage partners in identifying training and exercise needs for the public health and health care workforce.
- 2) Coordinate with partners to develop, review, approve, deliver, and evaluate training and exercises for the public health and health care workforce.
- 3) Manage a system for training and exercise activities.

The BPR tracks trainings and exercises from conception through the after action report/training report or as identified by grant requirements. All trainings and exercises are considered and tracked as resource elements within each capability and managed by each functional unit's program manager. The Training, Education and Exercise Section utilizes a calendar for HPP and PHEP trainings and exercises, located at

http://calendar.doh.state.fl.us/main.php?calendar=PrepResponse. .

#### **Additional Details**

For additional information about the Department's training, education, exercise, and evaluation system, including the inputs used to create the MYTEP, visit <a href="http://www.floridahealth.gov/preparedness-and-response/training-exercise/index.html">http://www.floridahealth.gov/preparedness-and-response/training-exercise/index.html</a>.



**Appendix A: Acronym Guide** 



AAR	After Action Report
ACS	Alternate Care Sites
ADLS	Advanced Disaster Life Support
AHIMT	All Hazards Incident Management Team
AMLS	Advanced Medical Life Support
ASPR	Assistant Secretary for Preparedness and Response
BDLS	Basic Disaster Life Support
B-FAST	Basic – Disaster Behavioral Health First Aid Specialist Training
C-FAST	Disaster Behavioral Health First Aid Specialist Training for Children
воо	Base of Operations
BPHL	Bureau of Public Health Laboratories
BRC	Bureau of Radiation Control
CBRNE	Chemical, Biological, Radiological, Nuclear & Explosive
CCOC	Capital Circle Office Center
CDC	Centers for Disease Control and Prevention
CDP	Center for Domestic Preparedness, Anniston, AL
СЕМР	Comprehensive Emergency Management Plan
CHD	County Health Department
СООР	Continuity of Operations Planning
CPG	Comprehensive Planning Guide
CRI	Cities Readiness Initiative



CSTE	Council of State and Territorial Epidemiologists	
DECON	Decontamination	
DOH	Department of Health	
EH	Environmental Health	
EHTER	Environmental Health Training in Emergency Response	
EM	Emergency Management	
EMAP	Environmental Monitoring and Assessment Program	
EMI	Emergency Management Institute, Emmitsburg, MD	
EMR	Emergency Medical Responder	
EMS	Emergency Medical Services	
EOC	Emergency Operations Center	
Ері	Epidemiology	
ER	Emergency Room or Emergency Department	
ERHMS	Emergency Responder Health Monitoring and Surveillance	
ESF	Emergency Support Function	
Farmedic	Agricultural-based training for rural fire and rescue responders.	
FAST	First Aid Specialist Training for [Disaster] Behavioral Health	
FEMA	Federal Emergency Management Agency	
FEMORS	Florida Emergency Mortuary Operations Response System	
FE	Functional Exercise	
FIDTN	Florida Infectious Disease Transportation Network	



FIRST	Field Investigator Response and Surveillance Training
FDEM	Florida Division of Emergency Management
FPHRAT	Florida Public Health Risk Management Assessment Tool
FSE	Full Scale Exercise
GHC	Governor's Hurricane Conference
HAN	Health Alert Network
HC	Health Care
HCC	Health Care Coalition
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard and Vulnerability Analysis
IAP	Incident Action Plan
ICS	Incident Command System
IMATS	Inventory Management and Tracking System
IMSS	Incident Management System Software (Patient Management, Patient Tracking)
IMT	Incident Management Team
IP	Improvement Plan
IRMS	Inventory Resource Management System
IT	Information Technology
JIC	Joint Information Center



JIS	Joint Information System
LRN	Laboratory Response Network
MCI	Mass Casualty Incident
Mgmt	Management
MRC	Medical Reserve Corps
MYTEP	Multi-Year Training and Exercise Plan
NCBRT	National Center for Biomedical Research and Training (LSU)
NDPC	National Domestic Preparedness Consortium
NDMS	National Disaster Medical System
NEO	New Employee Orientation
NIMS	National Incident Management System
NPP	Nuclear Power Plant
NWS	National Weather Service
Ор	Operational Level
ORR	Office of Recovery and Response
PH	Public Health
PHEP	Public Health Emergency Preparedness
PHHP	Public Health and Healthcare Preparedness
PIO	Public Information Officer
POD	Point of Dispensing
Q&I	Quarantine and Isolation



R (1-7)	Domestic Security Task Force Region designated by number	
RAD	Radiological	
RealOpt	An interactive online software enterprise for large-scale regional medical dispensing and emergencies.	
Recert	Recertification	
REP	Radiological Emergency Preparedness	
R-FAST	Disaster Behavioral Health First Aid Specialist Training for Responders	
RSS	Receipt, Stage, and Store	
SERT-TRAC	State Emergency Response Team Training, Resources, and Activities Center	
SERVFL	State Emergency Responders and Volunteers of Florida	
SMRT	State Medical Response Team	
SNS	Strategic National Stockpile	
SOG	Standard Operating Guide	
SpNS	Special Needs Shelter	
ST	Strike Team	
Tech	Technical level	
TEPW	Training and Exercise Planning Workshop	
THIRA	Threat and Hazard Identification and Risk Assessment	
TTX	Tabletop Exercise	
US	United States	
V-JIC	Virtual Joint Information Centers	
WBT	Web-Based Training	

Appendix B: Training and Exercise Planning Workshop (TEPW)

Meeting Summary – January 18, 2017



# **2017 TEPW Meeting Minutes**

## January 18, 2017 Brevard County Health Department Viera, Florida

Facilitator:	Mary Register
Attendees:	
	See attached list

Agenda Item	Comments	Speaker
9:00 Welcome		Mary Register
9:10 Opening Comments 9:17	Capabilities – Priorities – Discussion regarding High- medium-low priority. Just because a capability is listed as low doesn't mean we won't fund it. If we must make decisions because of money that is where the low priorities may not get funded. Participants requested a copy of the PowerPoint presentation. Explaining RTIPP/TEPW/MYTEP	Ben St. John Mary Register
9:23	Training information and Updates	Ann Rowe
10:00	Readiness: Training Identification Preparedness Planning (RTIPP)	Kelley Hamilton – NCBRT-LSU
10:05	Florida Division of Emergency Management (DEM) SERT-TRAC	Michael Beha
10:25	Environmental Health	Michael Mitchell
10:30 – 10:40	BREAK	
10:40	Epidemiology	Michael Wydotis
10:48	Crisis and Emergency Risk Communication (CERC)	Ann Rowe
10:50	System Integration/Logistics Merge	Victor Johnson
10:57	Resource Management - Emergency Responder Health Monitoring and Surveillance ERHMS	Sherry Watt

11:04	Laboratories – Unable to attend	Mary Ritchie
11:05	Continuity of Operations (COOP)  – Awareness Level – Under development	Sonji Hawkins
11:06	Special Needs Shelter Training	Emily Wilson
11:12	Florida Infectious Disease Transportation network (FIDTN)	Terry Schenk
11:18	Group Discussion "What you want the TE & E team to work on for training priorities?"	Mary Register
1:02 – 1:25	ASPR Hospital Surge Tool: A Brief Overview	Debbie Kelley
2:10	Training Priority List: (23) Active Shooter, HICS, HID, Shelter Management System, Special Need Shelter Training, POD Training Community Based, Disaster Behavioral Health, ICS Position Specific Training, Forensic and Evidence Training with Law Enforcement, Family Unification, HazMat Decon for Hospital, MGT 341, PHP Deployment Team, Plan Section Chief, Logs Section Chief, MGT 409, PER 211 Medical Mgmt CBRNE, EDL Field Training, EOC OPS for Long Term Care, Threat Based Safety Officer, Hospital Movement, Patient Tracking, Threat Based Safety Officer Course.  Top three:  1) FAST 2) Epidemiology Field Investigator Response Strike Team (I-FIRST) 3) Hospital Decon / Community Based POD Training  Exercise Discussion: After-Action Reports Controllers and Evaluators Region 6 Full-scale Exercise -May Office of Response and Recovery	Bobby Bailey
	(ORR) /Strategic National Stockpile (SNS) Exercise	
		Bobby Bailey

	Table Top Exercise Priority List: HICS Exercise, ESF8 TTX, SpNS Notification, Cyber Security Health Care TTX, HC Facility Evacuation, POD Activation, COOP, MCI/Mass Fatality, Pediatrics Disaster, Hospital Evacuation with patient tracking. Top three: 1) Hospital Evacuation 2) POD-Activation, Mgmt, Demob 3) COOP 3) Mass Casualty Incident (MCI)	
3:50	Closing Remarks	Ben St. John

Agency Host: Florida Department of Health

Division of Emergency Preparedness and Community Support

Bureau of Preparedness and Response

Training and Exercise Section

Facilitators: Ben St. John, Training, Education, and Exercise Program Administrator

Mary Register, MYTEP/TEPW Coordinator

Ann Rowe, Training Unit Manager Bobby Bailey, Exercise Unit Manager

**Location:** Florida Department of Health – Brevard County

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Viera, FL 32940

#### Participants:

Name

### Organization Represented

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Bobby Bailey	DOH BPR, Exercise Unit Manager
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Melanie Black	County Health Department (CHD) – Region 5 Point of Contact
Jamie Billingsley	Heartland Health Care coalition
Connie Bowles	Southwest Florida Health Care Coalition
Mary Kay Burns	RDSTF Region 6 Co-Chair
Rob Casavant	DOH - IT
Sharon Denton-Gow	CHD –Region 7 Point of Contact
Jacqueline Douek	Broward County Health Care Coalition
Yeineli "Neli' Gonzalez	Keys Health Ready Health Care Coalition
Sonji Hawkins	DOH BPR, Training, Education, and Exercise Staff
Kelly Hamilton	National Center for Biomedical Research and Training at LSU
John Hatfield	Miami-Dade Health Care Coalition
Ann Hill	Emerald Coast Health Care Coalition

John James	Healthcare Emergency Response Coalition (HERC)
Sue James	DOH BPR, Training, Education, and Exercise Staff
Victor Johnson	DOH BPR, Information Sharing
Debbie Kelley	DOH BPR, Training, Education, and Exercise Staff
Brandy Kirkland	DOH BPR, Health Care Coalition Staff
Holly Kirsch	RDSTF Co-Chair – Region 2
Gary Kruschke	Emerald Coast Health Care Coalition
Linda Landry	Suncoast Disaster Health Care Coalition
Ashley Lee	Palm Beach Health Care Emergency Response Coalition
Robert Linnens	CHD Region 3 Point of Contact
Sam MacDonell	CHD Region 2 Point of Contact
Kathleen Marr	Collier Health Care Coalition
Mike Mitchell	DOH BPR, Environmental Health
Matt Meyers	Central Florida Disaster Medical Coalition – Region 5
Aaron Otis	DOH BPR, Public Health Advisor
Myesha Ponder	North Central Florida Health Care Coalition
Jeanine Posey	DOH BPR, Health Care Coalition Manager
Mary Register	DOH MYTEP Coordinator / BPR, Training, Education, and Exercise
Ann Rowe	DOH BPR, Training Unit Manager
Ray Runo	Big Bend Health Care Coalition
Terry Schenck	FDOH BPR, Florida Infectious Disease Transportation Network (FIDTN)
Lela Shepard	DOH BPR – Health Care Coalition Task Force
Dan Simpson	Tampa Bay Health Care Coalition
Tom Smith	CHD Region 1 Point of Contact
Ben St. John	DOH BPR, Training and Exercise Program Administrator
Sherry Watt	DOH BPR, Resource Management
Leigh Wilsey	Northeast Florida Health Care Coalition
Emily Wilson	DOH BPR, Community Preparedness Unit
Michael Wydotis	DOH BPR, Bureau of Epidemiology
Hunter Zager	CHD Region 4 Point of Contact

The Florida Department of Health, Bureau of Preparedness and Response, Training, Education, and Exercise Section welcomed representatives from the BPR functional units, 14 health care coalitions and several county health department representatives to the Training and Exercise Planning Workshop (TEPW) on Wednesday, January 18, 2017. The purpose of the TEPW was to determine training and exercise needs, identify priorities and discuss inputs to the 2018-2020 Multi-Year Training and Exercise Plan.

Prior to the workshop, participants submitted preliminary work that captured the training and exercise needs for the three-year planning cycle. Readiness: Training Identification Preparedness Planning (RTIPP) courses were offered throughout the preliminary work process. RTIPP is a FEMA course offered statewide to introduce the concept of preparedness planning through the identification of gaps and goals.

#### The 2017 TEPW Process

The Department's Bureau of Preparedness and Response, Training and Exercise Section staff compiled the group's preliminary work into one document for discussion during the workshop. No county health department (CHD), BPR functional unit or health care coalition (HCC) is anticipated to meet every identified training or exercise priority. The purpose is to strategically plan for a training and exercise program that strengthens the state's ability to prepare for, and respond to, public health and related emergencies, incidents, and events. The workshop resulted in a comprehensive set of valuable data that includes not only the training and exercise needs of the CHDs, functional units, and health care coalitions, yet also provides a big picture perspective of the training and exercise trends among our public health care partners.

During the TEPW, training and exercise presentations and discussions were conducted separately. The format allowed participants an opportunity to better understand the resources available and provided for small group discussions to promote collaboration. Following the small group discussions, the larger group identified the top three trainings. The same process was used for identifying the top three exercise priorities.

#### **Training Priorities**

- 1) FAST
- 2) Epidemiology Field Investigator Response Strike Team (I-FIRST)
- 3) Hospital Decontamination
- 3) Community Based Point of Dispensing (POD) Training

#### **Table Top Exercise Priorities**

- 1) Hospital Evacuation
- 2) Point of Dispensing (POD)
- 3) Continuity of Operations (COOP)
- 3) Mass Casualty Incident (MCI)

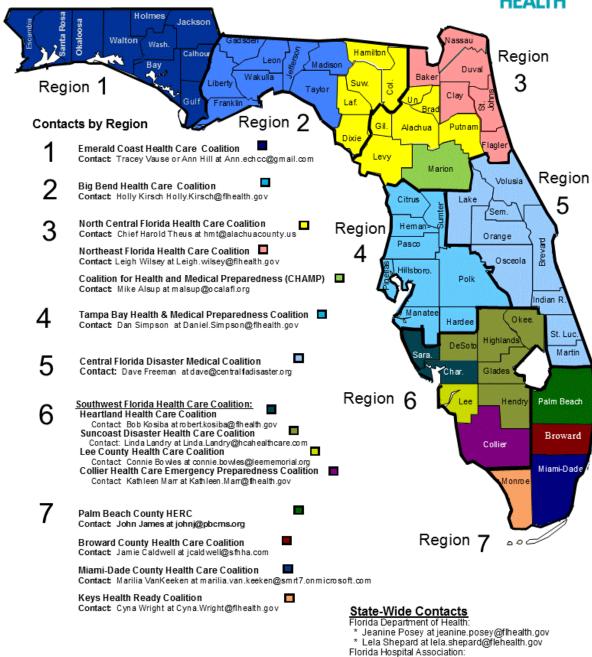
The MYTEP will be widely distributed to DOH public health preparedness partners. Partners will continue to meet on an annual basis at the TEPW to revisit, validate, and update the plan as needed. This plan is a living document designed to help DOH and all public health preparedness partners plan and build a meaningful, sustainable training and exercise program that ultimately will provide for the most effective response during emergencies.

# **Appendix C: Florida Health Care Coalitions**

## Florida Health Care Coalitions

By Regional Domestic Security Task Force (RDSTF) Region





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